MDR: M4-04-2574-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled <u>Medical Dispute</u> <u>Resolution-General</u>, and 133.307, titled <u>Medical Dispute Resolution of a Medical Fee Dispute</u>, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 10/20/03.

I. DISPUTE

Whether there should be reimbursement for water circulating pad (E1399) and cold therapy cooler wrap (E1399).

II. FINDINGS

The respondent denied payment based on "M – Reduced to fair and reasonable".

III. RATIONALE

| DOS | CPT CODE | BILLED | PAID | EOB Denial Code | MAR\$ | REFERENCE | RATIONALE: |
|----------|-------------|----------|--------|-----------------------|-------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 02/25/03 | E1399 | \$155.00 | \$0.00 | M | DOP | The 1996 MFG General Instructions GR III Durable Medical Equipment GR VIII & IX Section 413.011 | The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$155.00 is recommended. |
| | E1399 | \$75.00 | \$0.00 | M | DOP | (b) | The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$75.00 is recommended. |
| Totals | | \$230.00 | \$0.00 | | | | The Requestor is entitled to reimbursement of \$230.00. |

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$230.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$230.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 07th day of May 2004.

Laura L. Campbell Medical Dispute Resolution Officer Medical Review Division LLC/llc